

Part-Time Local 587 Employee's Plan 3 Benefit Guide

You lose eligibility for Plan 2 benefits and become eligible for Plan 3 benefits April 1, 2002. Under Plan 3 you may self-pay to continue the same or reduced county-paid coverage you had under Plan 2, or you may drop all coverage except for basic life, basic accidental death and dismemberment (AD&D) and basic long term disability (LTD). The county continues to pay for basic life, basic AD&D and basic LTD as long as you remain a part-time Local 587 employee at King County.

The benefits you elected and family members you covered under Plan 2 determine your options under Plan 3. Review the information in this guide, then return the enclosed personalized enrollment form to make your Plan 3 elections **by Friday, March 1** to:

Benefits & Well-Being
Yesler Building YES-ES-0500
400 Yesler Way
Seattle WA 98104-2683

If you don't return your enrollment form by the deadline, all your Plan 2 benefits end March 31 (except basic life, basic AD&D and basic LTD). You will not have the opportunity to enroll for health and enhanced AD&D and enhanced LTD again until you regain Plan 2 eligibility or the next open enrollment. Your next opportunity to enroll for enhanced life will be 2003 open enrollment for 2004.

This guide is not a complete description of each plan. More details about each benefit are in plan booklets available at www.metrokc.gov/ohrm/benefits or by request from Benefits & Well-Being. Although we've made every effort to ensure this guide is accurate, provisions of the official plan documents and contracts will govern in the case of any discrepancy. As explained in the plan booklets, the benefit program is subject to review and may be modified or terminated at any time for any reason. This guide does not create a contract of employment between King County and any employee.



Medical, Dental and Vision

Under Plan 3 you may self-pay to continue the same or reduced county-paid health coverage you had under Plan 2, or you may drop all coverage. If you elect to continue coverage, you:

- Must continue with the same medical plan you had under Plan 2 (you can't change medical plans until the next open enrollment)
- Must elect medical coverage to elect dental coverage
- May cover any combination of family members under each plan as long as you elect coverage for yourself.

■ Monthly Cost of Health Coverage

The following table lists the cost of health coverage. Consider the information, make your decisions and indicate your elections on your Plan 3 enrollment form.

Health Plan	Your Share of the Monthly Premium			
	You Only	You & Spouse/ Domestic Partner	You & Children	All
KingCare (Aetna) Basic				
2001 (\$176.02 paid by county)	\$ 56.32	\$ 288.66	\$ 242.19	\$ 474.53
2002 (\$195.48 paid by county)	\$ 72.00	\$ 339.48	\$ 285.98	\$ 553.46
KingCare (Aetna) Preferred				
2001 (\$176.02 paid by county)	\$ 97.32	\$ 370.66	\$ 315.99	\$ 589.33
2002 (\$195.48 paid by county)	\$ 119.20	\$ 433.88	\$ 370.94	\$ 685.62
PacifiCare Choice				
2001 (\$176.02 paid by county)	\$ 78.02	\$ 332.04	\$ 281.27	\$ 535.30
2002 (\$195.48 paid by county)	\$ 86.66	\$ 368.77	\$ 312.39	\$ 594.51
PacifiCare HMO				
2001 (\$176.02 paid by county)	\$ 44.00	\$ 264.01	\$ 220.01	\$ 440.03
2002 (\$195.48 paid by county)	\$ 48.87	\$ 293.22	\$ 244.35	\$ 488.71
Virginia Mason/Group Health Alliant				
2001 (\$176.02 paid by county)	\$ 30.94	\$ 237.91	\$ 196.51	\$ 403.46
2002 (\$195.48 paid by county)	\$ 52.93	\$ 301.39	\$ 251.66	\$ 500.06
Washington Dental Service				
2001 (\$25.69 paid by county)	\$ 25.68	\$ 77.05	\$ 66.78	\$ 118.15
2002 (\$ 27.20 paid by county)	\$ 27.19	\$ 81.58	\$ 70.70	\$ 125.09
Vision Service Plan				
2001 (\$4.04 paid by county)	\$ 4.03	\$ 12.10	\$ 10.48	\$ 18.55
2002 (\$ 4.31 paid by county)	\$ 4.30	\$ 12.91	\$ 11.19	\$ 19.80

Enhanced Life, AD&D and LTD Insurance

Under Plan 3 the county continues to pay for the basic life, AD&D and LTD insurance you had under Plan 2, but you must continue to self-pay for enhanced coverage. You may reduce or drop enhanced coverage, but if you do you may not:

- Add or increase enhanced life insurance coverage again until 2003 open enrollment for 2004
- Add or increase enhanced AD&D insurance coverage again until the next open enrollment
- Add enhanced LTD (90-day waiting period) again until the next open enrollment.

The following tables list the cost of enhanced life, AD&D and LTD coverage. Consider the information, make your decisions and indicate your elections on your Plan 3 enrollment form.

■ Monthly Cost of Enhanced Life

You must keep enhanced life insurance for yourself to keep it for other family members. Cost of enhanced life for you and your spouse/domestic partner (DP) is based on your age. Cost for children's coverage is \$.45 a month regardless of the number of children covered.

Your Age	Cost/\$25,000	Your Age	Cost/\$25,000	Your Age	Cost/\$25,000
Under 25	\$ 1.13	40-44	\$ 2.25	60-64	\$14.85
25-29	\$ 1.35	45-49	\$ 3.60	65-69	\$28.58
30-34	\$ 1.80	50-54	\$ 5.40	70+	\$46.35
35-39	\$ 1.80	55-59	\$ 9.68		

■ Monthly Cost of Enhanced AD&D

You must keep enhanced AD&D insurance for yourself to keep it for other family members.

If you elect this enhanced amount	Monthly cost for you only	Monthly cost for spouse/DP at 50% of your amount	Monthly cost for spouse/DP at 100% of your amount	Monthly cost for all children at 10% of your amount
\$500,000	\$10.00	\$5.00	\$10.00	\$3.00
\$450,000	\$ 9.00	\$4.50	\$ 9.00	\$2.70
\$400,000	\$ 8.00	\$4.00	\$ 8.00	\$2.40
\$350,000	\$ 7.00	\$3.50	\$ 7.00	\$2.10
\$300,000	\$ 6.00	\$3.00	\$ 6.00	\$1.80
\$250,000	\$ 5.00	\$2.50	\$ 5.00	\$1.50
\$200,000	\$ 4.00	\$2.00	\$ 4.00	\$1.20
\$150,000	\$ 3.00	\$1.50	\$ 3.00	\$.90
\$100,000	\$ 2.00	\$1.00	\$ 2.00	\$.60
\$ 50,000	\$ 1.00	\$.50	\$ 1.00	\$.30

■ Monthly Cost of Enhanced LTD

Cost of enhanced LTD is \$9.40 a month and it reduces your waiting period for LTD benefits from 180 days to 90 days and increases the maximum earnings your benefits are based on to \$7,200 a month.

Benefit-Eligible Family Members

Under Plan 3 the family members you listed for coverage under Plan 2 or who you've added for coverage due to a qualifying event since you enrolled in Plan 2 are eligible for continued coverage. You elect whether or not to continue their coverage through the options you select on your Plan 3 enrollment form.

If you listed them previously, eligible family members include:

- Spouse or domestic partner
- Unmarried children of you or your spouse or domestic partner who are:
 - Under age 23 and chiefly dependent on you for support and maintenance (generally, that means you claim them on your federal tax return). A child may be your natural child, adopted child, stepchild, legally designated ward, child placed with you as your legal guardian, child legally placed with you for adoption, or a child for whom you assume total or partial legal obligation for support in anticipation of adoption.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined under federal law and authorized by the plan.

Premium Payment Plan

You pay for Plan 3 benefits through payroll deduction. Half the monthly cost is taken from each paycheck (when you receive three paychecks in a month no deductions are taken from the last one).

You indicate whether you want benefit payments deducted before or after your federal income and Social Security taxes are withheld on your Plan 3 enrollment form.

The premium payment plan you elect is the plan you keep through the end of the year as long as you self-pay for Plan 3 benefits.

■ Before-Tax Premium Payment Plan

If you choose to have payments deducted before taxes are withheld, your taxes are reduced, but by IRS regulations:

- You may not drop any coverage until the next open enrollment unless it's due to qualifying changes in status (for example, death of a family member, divorce or dissolution of a domestic partnership, change in the number of your dependents or a significant change in your spouse or domestic partner's employment status)
- Any portion of the plan premiums you pay to provide coverage to a domestic partner or domestic partner's children generally must be deducted after taxes
- You must re-enroll each year during open enrollment to continue this payment option.

■ After-Tax Premium Payment Plan

If you choose to have payments deducted after taxes are withheld, you may drop coverage for yourself or a family member at any time. This is the default payment plan if you do not choose one or do not re-enroll for the before-tax payment plan during open enrollment each year.

Resource Directory

Questions About ...	Contact ...
Plan 1, 2 or 3 Eligibility	Your Base Chief
General Benefits <ul style="list-style-type: none"> • Health and life insurance plans • PERS enrollment • Flexible Spending Account enrollment • Change forms • Alternate formats 	Benefits & Well-Being Yesler Building YES-ES-0500 400 Yesler Way, Seattle WA 98104-2683 Phone 206-684-1556* ■ 1-800-325-6165 x41556* ■ Fax 206-684-1925 E-mail kc.benefits@metrokc.gov Web www.metrokc.gov/ohrm/benefits
Medical <ul style="list-style-type: none"> • Providers (doctors, hospitals, pharmacies, mail order prescriptions, etc.) • Filing claims • Other plan details (covered expenses, limitations, exclusions, preauthorization) 	KingCare PO Box 91023, Seattle WA 98111-9123 Phone 1-800-654-3250* x77020 ■ 206-701-1100* E-mail kingcare@aetna.com ■ Web www.kingcare.com Express Scripts mail order Rx for KingCare PO Box 52123, Phoenix AZ 85027-2123 Phone 1-888-201-5853* ■ 1-800-296-2956* (refills) E-mail thru Web www.express-scripts.com PacifiCare PO Box 3005, Hillsboro OR 97123 Phone 1-800-932-3004* E-mail thru Web www.pacificare.com Prescription Solutions mail order Rx for PacifiCare PO Box 9040, Carlsbad CA 92018-9040 Phone 1-800-562-6223* E-mail thru Web www.pacificare.com Virginia Mason/Group Health Alliant PO Box 1207, Seattle WA 98111-1207 Phone 1-800-442-4038* E-mail info@ghc.org Web http://www.ghc.org/web/health_plans/alliantselect/index.jhtml
Dental <ul style="list-style-type: none"> • Providers • Filing claims • Other plan details 	Washington Dental Service PO Box 75688, Seattle WA 98125-0688 Phone 1-800-554-1907* ■ 206-522-2300* E-mail cservice@deltadentalwa.com ■ Web www.deltadentalwa.com
Vision <ul style="list-style-type: none"> • Providers • Filing claims • Other plan details 	Vision Service Plan PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195* E-mail thru Web www.vsp.com
Public Employees Retirement System (PERS) <ul style="list-style-type: none"> • General information • Beneficiary designation • Beneficiary and address changes 	Washington State Department of Retirement Systems PO Box 48380, Olympia 98504-8380 Phone 1-800-547-6657 ■ 360-664-4700 ■ 360-586-5450 (TTY) E-mail recep@drs.wa.gov ■ Web www.wa.gov/drs/drs.html

* TTY 711

Questions About ...	Contact ...
Flexible Spending Account Processing <ul style="list-style-type: none"> Account balances Reimbursement 	Associated Administrators Inc./AAI PO Box 3199, Portland OR 97208-3199 Phone 1-800-334-4340* ■ Fax 1-800-879-8987 E-mail flex@aai-tpa.com
Deferred Compensation <ul style="list-style-type: none"> Enrollment Changes (beneficiaries, contributions, allocations, etc.) Quarterly work site seminars 	T. Rowe Price PO Box 17215, Baltimore MD 21297-1215 Phone 1-888-457-5770* E-mail thru Web rps.troweprice.com/kingcounty/retirementplan/
Counseling & Resource Referral <ul style="list-style-type: none"> Personal, family and work problems Financial and legal matters Child care, elder/adult care 	Making Life Easier Phone 1-888-874-7290* (24 hours a day, seven days a week)
Mildly Ill Child Care	Virginia Mason's Tender Loving Care Lindeman Pavilion (ninth floor) 1201 Terry Ave., Seattle 98101 Phone 206-583-6521* E-mail thru Web www.virginiamason.org/dbchildrens/sec2778.htm
Mortgage Assistance	Home Mortgage Assistance Program Phone 1-888-656-1733* Web www.metrokc.gov/ohrm/benefits/all/mle.htm
Employee ID/Keycard/Bus Pass <ul style="list-style-type: none"> Department ID coordinators Replacements 	Department of Construction and Facility Management Room 206 King County Administration Building 500 Fourth Ave., Seattle WA 98104 Phone 206-296-0104* Room G0263 at the Regional Justice Center 401 Fourth Ave. N, Kent WA 98032 Phone 206-205-8802*
Employee Transportation Program <ul style="list-style-type: none"> Discounted ferry passes Vanpool subsidy Carpool, bike and walk incentives Ridematching services Home Free Guarantee ride home 	Employee Transportation Program Yesler Building YES-TR-0600 400 Yesler Way, Seattle 98104-2683 Phone 206-263-4575* E-mail emtrans@metrokc.gov Web www.metrokc.gov/ohrm/benefits/all/etp.htm
Credit Unions	King County Credit Union Multiple locations Phone 1-800-248-6928* Web www.kccu.com MetroPacific Community Credit Union Multiple locations Phone 1-800-538-0607* E-mail thru Web www.mpcu.org

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